



PATIENT PRESENTING CLINICAL SIGNS

Sophie Lesniczek

History: Suddenly lethargic, not eating, not weight bearing in the hind limbs, diagnosed and treated for Lyme disease 2 months ago. Had a small amount of canned food to eat this am(confirmed with owner). On IVF.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia, elevated ALP and decreased Platelets.

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

SEX

Spayed Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were present. The left kidney measured 4.2 cm in length. The right kidney measured 4.7 cm in length.

AGE

8 Years

WEIGHT

10.6 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.44 cm at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.43 cm width at the cranial pole.

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and
Feline)

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog and Cat Clinic of
Niagra

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Haidy

The gallbladder was subnormal in size, likely owing to the presence of gastric ingesta. No overt evidence of gallbladder or common bile duct pathology.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta, exhibiting mild progressive distal acoustic shadowing.

DATE

6/21/22

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



PATIENT

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Chihuahua

ULTRASONOGRAPHIC FINDINGS

SEX

- Bilateral mild nonspecific chronic renal changes
- Vacuolar hepatopathy pattern- subjectively benign
- Overtly normal gastrointestinal tract with moderate progressively shadowing gastric ingesta
- Subtle heterogeneous pancreas- nonspecific, patient variant, potential for minor to low-grade pancreatitis is possible

Spayed Female

AGE

8 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Overall, no overt evidence of significant abdominal visceral pathology.

10.6 Pounds

The presence of gastric ingesta is nonspecific yet may correlate with recent meal ingestion, however, the amount of ingesta that was present in the stomach is not overtly consistent with reported previous small meal. Potentially, some degree of gastric hypomotility could be considered. Technically, the possibility of mild amount of nonobstructive gastric foreign material cannot be definitively excluded yet overall, the ingesta has the subjective appearance of likely food. Monitoring for evidence of gastric emptying following documented 12-hour fast is suggested.

INTERPRETED BY

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DABVP (Canine and
Feline)

Potential for low-grade pancreatitis may be considered, if evidence of cranial abdominal or subphoid discomfort on palpation.

IMAGING PERFORMED BY

Crystal Hill

Continued, as needed, gastrointestinal supportive care is recommended. CBC pathology review, given the anemia and thrombocytopenia, may be considered. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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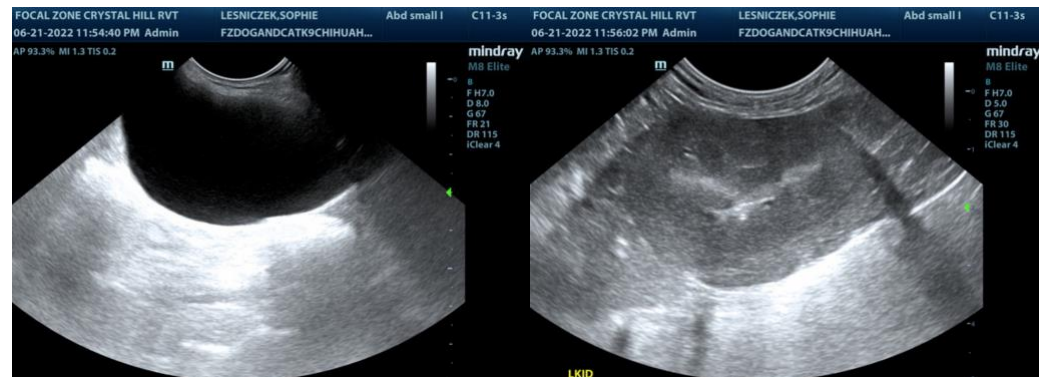
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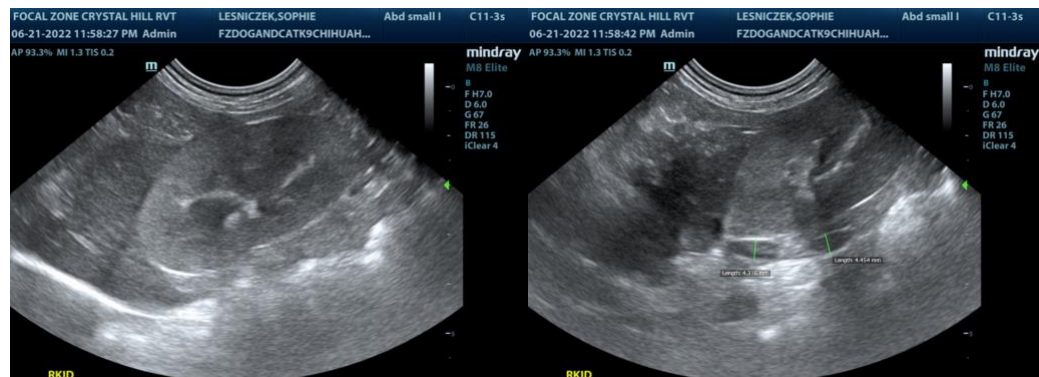
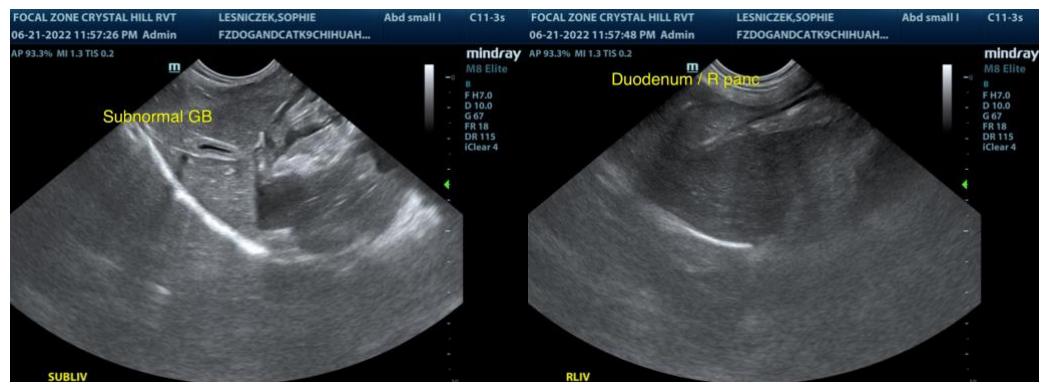
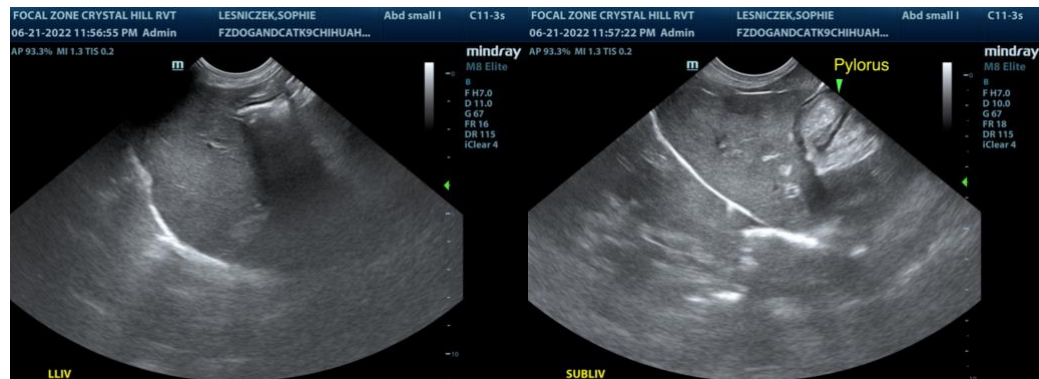
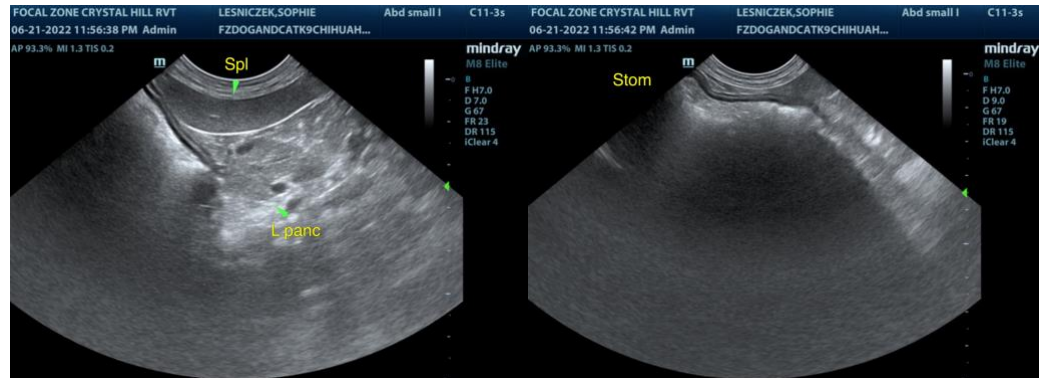
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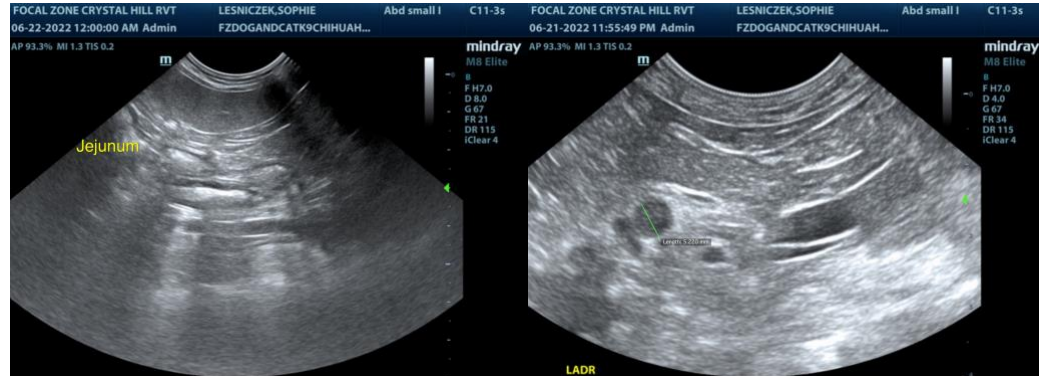
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com